

02-27-03

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PTO/SB/21 (08-08)

Approved for use through 10/31/2002, OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|---|------------------------|---------------------|
| Total Number of Pages in This Submission | * | Application Number | 10/015,355 |
| | | Filing Date | December 12, 2001 |
| | | First Named Inventor | Michael D. Hooven |
| | | Group Art Unit | 3739 |
| | | Examiner Name | Rosiland S. Kearney |
| | | Attorney Docket Number | HOOV 113 |

ENCLOSURES (check all that apply)

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> SECOND SUPPLEMENTAL Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Form PTO/SB/08A - 5 Patent References - Certificate of Mailing - Return Receipt Postcard |
| Remarks | | 7 Sheets plus 5 Patent References |
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

TECHNOLOGY CENTER R3700

| | |
|-------------------------|--|
| Firm or Individual name | Cook, Alex, McFarron, Manzo, Cummings & Mehler, Ltd. Gary W. McFarron, Esq. (Reg. No. 27,357) |
| Signature | |
| Date | February 25, 2003 |

CERTIFICATE OF MAILING

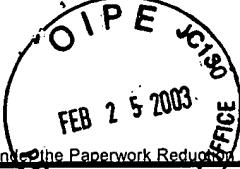
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February 25, 2003

| | |
|------------------------|-----------------|
| Typed or printed name | Jeannie Rapstad |
| Signature | |
| Date February 25, 2003 | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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FEES TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

Complete if Known

| | |
|----------------------|---------------------|
| Application Number | 10/015,355 |
| Filing Date | December 12, 2001 |
| First Named Inventor | Michael D. Hooven |
| Examiner Name | Rosiland S. Kearney |
| Group Art Unit | 3739 |
| Attorney Docket No. | HOOV 113 |

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number 50-1039
 Deposit Account Name Cook, Alex, McFarron, Manzo, Cummings & Mehler, Ltd.

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge ~~any~~ ~~to the above-identified deposit account~~ underpayment of fees

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | Small Entity | Fee Description | Fee Paid |
|------------------------|---------------|------------------------|----------|
| Fee Code (\$) | Fee Code (\$) | | |
| 101 740 | 201 370 | Utility filing fee | |
| 106 330 | 206 165 | Design filing fee | |
| 107 510 | 207 255 | Plant filing fee | |
| 108 740 | 208 370 | Reissue filing fee | |
| 114 160 | 214 80 | Provisional filing fee | |
| SUBTOTAL (1) (\$ 0.00) | | | |

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | Extra Claims | | | Fee from below | Fee Paid | | |
|--------------------|--------------|--|--|----------------|----------|--|--|
| | -20** = | | | | | | |
| | - 3** = | | | | | | |
| Independent Claims | | | | | | | |
| Multiple Dependent | | | | | | | |

| Large Entity | Small Entity | Fee Description | Fee Paid |
|------------------------|---------------|--|----------|
| Fee Code (\$) | Fee Code (\$) | | |
| 103 18 | 203 9 | Claims in excess of 20 | |
| 102 84 | 202 42 | Independent claims in excess of 3 | |
| 104 280 | 204 140 | Multiple dependent claim, if not paid | |
| 109 84 | 209 42 | ** Reissue independent claims over original patent | |
| 110 18 | 210 9 | ** Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) (\$ 0.00) | | | |

*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Description | Fee Paid |
|--------------------------|---------------|--|----------|
| Fee Code (\$) | Fee Code (\$) | | |
| 105 130 | 205 65 | Surcharge - late filing fee or oath | |
| 127 50 | 227 25 | Surcharge - late provisional filing fee or cover sheet | |
| 139 130 | 139 130 | Non-English specification | |
| 147 2,520 | 147 2,520 | For filing a request for ex parte reexamination | |
| 112 920* | 112 920* | Requesting publication of SIR prior to Examiner action | |
| 113 1,840* | 113 1,840* | Requesting publication of SIR after Examiner action | |
| 115 110 | 215 55 | Extension for reply within first month | |
| 116 400 | 216 200 | Extension for reply within second month | |
| 117 920 | 217 460 | Extension for reply within third month | |
| 118 1,440 | 218 720 | Extension for reply within fourth month | |
| 119 320 | 219 160 | Notice of Appeal | |
| 120 320 | 220 160 | Filing a brief in support of an appeal | |
| 121 280 | 221 140 | Request for oral hearing | |
| 138 1,510 | 138 1,510 | Petition to institute a public use proceeding | |
| 140 110 | 240 55 | Petition to revive - unavoidable | |
| 141 1,280 | 241 640 | Petition to revive - unintentional | |
| 142 1,280 | 242 640 | Utility issue fee (or reissue) | |
| 143 460 | 243 230 | Design issue fee | |
| 144 620 | 244 310 | Plant issue fee | |
| 122 130 | 122 130 | Petitions to the Commissioner | |
| 123 50 | 123 50 | Processing fee under 37 CFR 1.17(q) | |
| 126 180 | 126 180 | Submission of Information Disclosure Stmt | |
| 581 40 | 581 40 | Recording each patent assignment per property (times number of properties) | |
| 146 740 | 246 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 149 740 | 249 370 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 179 740 | 279 370 | Request for Continued Examination (RCE) | |
| 169 900 | 169 900 | Request for expedited examination of a design application | |
| Other fee (specify) | | | |
| SUBTOTAL (3) (\$ 180.00) | | | |

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 180.00)

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-------------------|---|-----------------------------------|-------------------|-----------|----------------|
| Name (Print/Type) | Gary W. McFarron, Esq. | Registration No. (Attorney/Agent) | 27,357 | Telephone | (312) 236-8500 |
| Signature |  | Date | February 25, 2003 | | |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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MAR 04 2003

TECHNOLOGY CENTER R3700



PATENT
Attorney Docket No. HOOV 113

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE *JK9*

In Re Application of:)
Michael D. Hooven)
Serial No.: 10/015,355)
Filed: December 12, 2001)
Group Art No.: 3739)
Examiner: Rosiland S. Kearney)
For: TRANSMURAL ABLATION DEVICE)
WITH GOLD-PLATED COPPER)
ELECTRODES)

Commissioner for Patents
U.S. Patent & Trademark Office
Washington, D.C. 20231

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Date of Deposit February 25, 2003 *JK9*

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NAME Jeannie Rapstad

SIGNATURE *Jeannie Rapstad*

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TECHNOLOGY CENTER R3700

SECOND SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Dear Sir:

Pursuant to 37 C.F.R. §1.97, Applicant hereby calls the Examiner's attention to documents listed on the attached form, which documents may be material to the examination of this application. A copy of each of the documents is enclosed herewith for the Examiner's consideration.

No inference should be drawn that any method disclosed is equivalent to the subject invention. Also, the citation of the above-discussed documents is not to be construed as an assertion that more pertinent art could not possibly be in existence.

Citation of any document herein is not to be construed as an

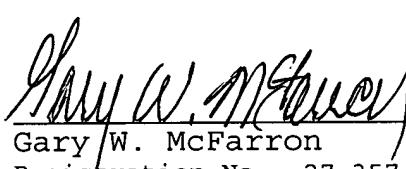
admission that any subject matter disclosed in the document is necessarily within the inventive field of endeavor, that any disclosure is necessarily prior in time to a particular date which may be relevant to the instant patent application, and/or that any disclosure is otherwise necessarily prior art with respect to the instant invention.

Applicant also respectfully reserves the right to later set forth how the instant invention is distinguished over the disclosure of any document or other art, including the disclosure of those documents discussed herein, that may be cited by the Examiner in rejecting a claim in the present patent application.

Enclosed is a check in the amount of \$180.00 to cover the required fee for submission of this Second Supplemental Information Disclosure Statement. Should an additional fee be required, authorization is hereby given to charge Deposit Account 50-1039. (A duplicate of Fee Transmittal Form PTO/SB/17 is enclosed herewith.)

Respectfully submitted,

Date: February 25, 2003



Gary W. McFarron
Registration No.: 27,357
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Chicago, Illinois 60606
Phone: (312) 236-8500
Attorneys for Applicant



PATENT
Attorney Docket No. HOOV 113

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In Re Application of:)
Michael D. Hooven)
Serial No.: 10/015,355)
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NAME Jeannie Rapstad

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1. Transmittal Form PTO/SB/21 (1 sheet);
2. Supplemental Information Disclosure Statement (2 sheets);
3. PTO/SB/08A (1 sheet);
4. Five Patent References;
5. Fee Transmittal Form PTO/SB/17 (in duplicate, 2 sheets total);
6. Check No. 12355 in the amount of \$180.00;
7. Certificate of Mailing (1 sheet); and
8. Return Receipt Postcard.

Name: Jeannie Rapstad

Signature:

(EV036906193US)